

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
						CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	KNO.	DEP.	KNO.	DEP.	KNO.	DEP.	KNO.	DEP.
1	/						61	
2							62	
3							63	
4		1					64	
5							65	
6		1					66	
7							67	
8		1					68	
9							69	
10		1					70	
11							71	
12		1					72	
13							73	
14	1						74	
15		1					75	
16							76	
17							77	
18		1					78	
19							79	
20							80	
21							81	
22							82	
23		1					83	
24							84	
25		1					85	
26							86	
27	1						87	
28		1					88	
29							89	
30		1					90	
31							91	
32							92	
33		1					93	
34							94	
35	1						95	
36							96	
37		1					97	
38							98	
39		1					99	
40	1						100	
41		1					TOTAL KNO.	
42							TOTAL DEP.	
43							TOTAL DEP.	
44							TOTAL	
45							122525	122525
46								
47								
48								
49								
50								
<b>TOTAL KNO.</b>	<b>6</b>							
<b>TOTAL DEP.</b>	<b>35</b>							
<b>TOTAL DEP.</b>	<b>41</b>	PARENT	1ST SUB	2ND SUB	3RD SUB			